

UPA TECHNOLOGY, INC.
8963 CINCINNATI-COLUMBUS RD
WEST CHESTER, OH 45069
PHONE: 513 755-1380
FAX: 513 755-1381

July 23, 2007

U.S. Nuclear Regulatory Commission
Region III
2443 Warrenville Road, Suite 210
Lisle, IL 60532-4352

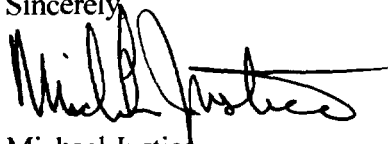
RE: Quarterly report of distribution of generally licensed devices under the Radioactive
Materials License No. 03214090000 issued by the Ohio Department of Health on 12/17/2002.

Period: Second Calendar Quarter, 2007

Gentlemen,

Attached, please find our quarterly report submitted in accordance with the requirements of
the U.S. NRC Title 10 CFR, Section 32.52 (a), on Form 653.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Justice", with a long horizontal flourish extending to the right.

Michael Justice
President

CC: Jodi Strzelczyk, Ph. D. Radiation Safety Officer

RECEIVED JUL 31 2007

NRC FORM 653
(8-2005)
10 CFR 32

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0001

EXPIRES: 08/31/2008

TRANSFERS OF INDUSTRIAL DEVICES REPORT (TO GENERAL LICENSEES)

(Continue on NRC Form 653, 653A or 653B, as appropriate)

Estimated burden per response to comply with this mandatory collection request: 36 minutes. NRC requests quarterly reports to keep apprised of device movements. Send comments regarding the burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0001), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

For each "licensee" to whom a device(s) has been transferred during the reporting period, supply the following:

NAME OF VENDOR UPA TECHNOLOGY, INC. LICENSE NUMBER 03214090000		REPORTING PERIOD <table style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">FROM</td> <td style="width: 50%; text-align: center;">TO</td> </tr> <tr> <td style="text-align: center;">04/01/2007</td> <td style="text-align: center;">06/30/2007</td> </tr> </table>		FROM	TO	04/01/2007	06/30/2007
FROM	TO						
04/01/2007	06/30/2007						

INTERMEDIATE PERSON(S) (if any)			
NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON(S)	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

GENERAL LICENSEE INFORMATION	
NAME OF GENERAL LICENSEE KASEL METAL PROCESSING NAME OF RESPONSIBLE INDIVIDUAL DOUG SMITH TITLE OF RESPONSIBLE INDIVIDUAL SUPERVISOR	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code) 5146 MARITIME RD JEFFERSONVILLE, IN 47130 TELEPHONE (812) 280-8800

INFORMATION ON DEVICE(S) TRANSFERRED					
DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
04/24/2007	BBS	BTF	135	C-14	<3.7 MBq, 100 microcuries

INTERMEDIATE PERSON(S) (if any)			
NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE
NAME OF INTERMEDIATE PERSON	NAME OF RESPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL	TELEPHONE

GENERAL LICENSEE INFORMATION	
NAME OF GENERAL LICENSEE SUMCO NAME OF RESPONSIBLE INDIVIDUAL STEVE SHIREMAN TITLE OF RESPONSIBLE INDIVIDUAL SUPERVISOR	MAILING ADDRESS AT THE LOCATION OF USE (No.. P.O. Boxes, include Zip Code) 1351 S. GIRLS SCHOOL RD. INDIANAPOLIS, IN 46231 TELEPHONE (317) 241-7600

INFORMATION ON DEVICE(S) TRANSFERRED					
DATE OF TRANSFER	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ISOTOPE	ACTIVITY AND UNITS
05/31/2007	BBS	HH-3	95694	PM-147	<3.7 MBq, 100 microcuries
05/31/2007	BBS	HH-3	95686	PM-147	<3.7 MBq, 100 microcuries

TRANSFERS OF INDUSTRIAL DEVICES REPORT (FROM GENERAL LICENSEES)

For each "licensee" from whom a device(s) has been received during the reporting period, supply the following:

GENERAL LICENSEE INFORMATION

NAME OF GENERAL LICENSEE

MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)

SUMCO

1351 SOUTH GIRLS SCHOOL RD.
INDIANAPOLIS, IN 46231

INFORMATION ON DEVICE(S) RECEIVED

DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)
5/30/2007	BBS	HH-3	95607	
5/30/2007	BBS	HH-3	95608	

GENERAL LICENSEE INFORMATION

NAME OF GENERAL LICENSEE

MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)

INFORMATION ON DEVICE(S) RECEIVED

DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)
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GENERAL LICENSEE INFORMATION

NAME OF GENERAL LICENSEE

MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)

INFORMATION ON DEVICE(S) RECEIVED

DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)
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GENERAL LICENSEE INFORMATION

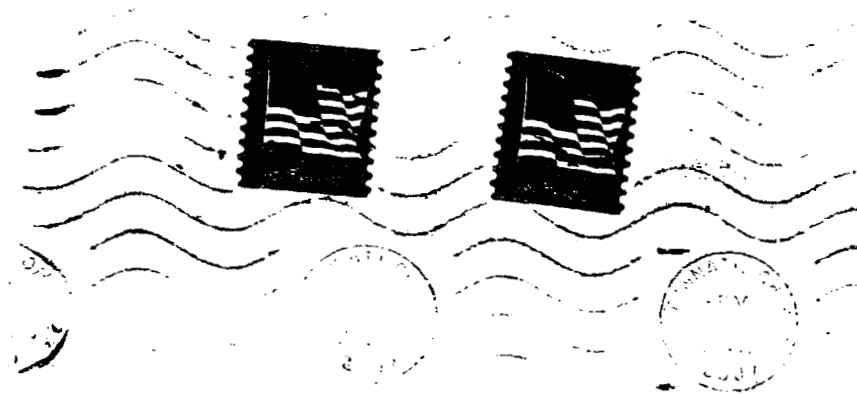
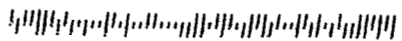
NAME OF GENERAL LICENSEE

MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)

INFORMATION ON DEVICE(S) RECEIVED

DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)
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